

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND APPARATUS FOR TREATING PSEUDOFOLLICULITIS BARBAE
Attorney Docket Number::	105090-230
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Gregory
Middle Name:	B.
Family Name::	Altshuler
City of Residence::	Wilmington
State or Province of Residence::	MA
Country of Residence::	United States
Street of mailing address::	137 Marion St.
City of mailing address::	Wilmington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01887

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Ilya
Family Name:: Yaroslavsky
City of Residence:: Wilmington
State or Province of Residence:: MA
Country of Residence:: United States
Street of mailing address:: 9214 Avalon Dr.
City of mailing address:: Wilmington
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01887

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Andrei
Middle Name: V.
Family Name:: Erofeev
City of Residence:: N. Andover
State or Province of Residence:: MA
Country of Residence:: United States
Street of mailing address:: 38 Royal Crest Drive, Suite 7
City of mailing address:: N. Andover
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01845

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: United States
 Status:: Full Capacity
 Given Name:: Michael
 Middle Name:: H.
 Family Name:: Smotrich
 City of Residence:: Andover
 State or Province of Residence:: MA
 Country of Residence:: United States
 Street of mailing address:: 62 Sunset Rock Road
 City of mailing address:: Andover
 State or Province of mailing address:: MA
 Postal or Zip Code of mailing address:: 01810

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/448,762	02/19/2003

Assignee Information

Assignee name::	Palomar Medical Technologies, Inc.
Street of mailing address::	82 Cambridge Street
City of mailing address::	Burlington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02182

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